# FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION 2 1 2007
Washington, D.C. 20549

FORM D

210

PECEIVED

OMB APPROVAL
B Number: 3235-0076
bites::

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.<br>HRJ Global Buy-Out III Cayman (Europe), L.P.   | )  |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing Amendment   | Section 4(6) 🛛 ULOE                                      |
| A. BASIC IDENTIFICATION DATA  |  |
| 1. Enter the information requested about the issuer  Name of Issuer  ( check if this is an amendment and name has changed, and indicate changed through the change of the | )  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 2965 Woodside Road, Woodside, CA 94062  | Telephone Number (Including Area Code)<br>(650) 327-5023 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)                   |
| Brief Description of Business Private Equity Investment   | N PHOCESSED  |
| Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed  | (please specify): THOMSOM<br>FINANCIAL                   |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year  | Actual Estimated  State:  FN                             |

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

| Each promoter of the issuer, if the issuer has been organized within the past five years;  Each executive officer and director of corporate issuers and of corporate general and managing parmers of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and managing partner of partnership issuers; and  Each general and for partnership in general and for partnership issuers; and  Each general and for partnership in general and for partnership issuers; and  Each general and for partnership in general and f  |  |  | A           | . BASIC IDI                                  | ENTU    | FICATION DATA          |        |                   |             |                           |
|--|--|--|-------------|--|---------|------------------------|--------|-------------------|-------------|---------------------------|
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,  | . Enter the information requ                     | ested for the follo                          | wing:       |  |         |                        |        |                   |             |                           |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers.    Each general and managing partner of partnership issuers.   Each general and managing partner of partnership issuers.   Each general and managing partner of partnership issuers.   Each general and managing partner of partnership issuers.   Can and Can | Each promoter of the i                           | issuer, if the issuer l                      | nas beer    | organized within the                         | past fi | ive years;             |        |                   |             |                           |
| theck Box(es) that Apply:  | Each beneficial owner                            | having the power t                           | o vote d    | or dispose, or direct the                    | vote    | or disposition of, 10% | or mo  | ore of a class of | of equity   | securities of the issuer; |
| theck Box(es) that Apply:  | Each executive officer                           | r and director of cor                        | porate i    | ssuers and of corporate                      | e gene  | eral and managing part | ners o | f partnership i   | ssuers; a   | nd                        |
| Heck Box(es) that Apply:   |  |  |             |  |         |                        |        |                   |             |                           |
| Austres or Residence Address (Number and Street, City, State, Zip Code)    Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Managing Partner   Managing Part | Check Box(es) that Apply:                        |  |             |  |         | Executive Officer      |        | Director          | $\boxtimes$ | =                         |
| Ausiness or Residence Address (Number and Street, City, State, Zip Code)    Promoter   | Full Name (Last name first, if i                 | ndividual)                                   |             |  |         |                        |        |                   |             |                           |
| Post   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  | Barton, Harris                                   |  |             |  |         |                        |        |                   |             |                           |
| Check Box(es) that Apply:  | Business or Residence Address                    | ; (Number a                                  | nd Stre     | et, City, State, Zip C                       | ode)    |                        |        |                   |             |                           |
| Managing Partner    Managing Partner   Managing Partner  | 2965 Woodside Road, Woods                        | ide, CA 94062                                |             |  |         |                        |        |                   |             |                           |
| Detection Romnie  Dustiness or Residence Address (Number and Street, City, State, Zip Code)  Director   General and/or Managing Partner  | Check Box(es) that Apply:                        | Promoter                                     |             | Beneficial Owner                             |         | Executive Officer      |        | Director          | — ⊠<br>— —  |                           |
| Susiness or Residence Address   (Number and Street, City, State, Zip Code)   | Full Name (Last name first, if i                 | individual)                                  |             |  |         |                        |        |                   |             |                           |
| Promoter   Promoter   Promoter   Executive Officer   Director   General and/or Managing Partner  | Lott, Ronnie                                     |  |             |  |         |                        |        |                   |             |                           |
| Check Box(es) that Apply:  |  | •  | ind Stre    | et, City, State, Zip C                       | ode)    |                        |        |                   |             |                           |
| Managing Partner  Full Name (Last name first, if individual)  Security Pacific Finance LTD  Susiness or Residence Address  (Number and Street, City, State, Zip Code)  P.O. Box 119, Martello Court, Admiral Park, St. Peter Port, Guernsey CY1 3MB  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Hess Limited Pension Plan  Business or Residence Address   (Number and Street, City, State, Zip Code)  The Adelphi Building, 1-11 John Adam Street, London, United Kingdom, WC2N 6AG  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  R. & A Trust Company (No.1) Limited  Business or Residence Address   (Number and Street, City, State, Zip Code)  Beach House, Golf Place, St. Andrews, Fife, Scotland KY169JA  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address   (Number and Street, City, State, Zip Code)  Business or Residence Address   (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address   (Number and Street, City, State, Zip Code)   | 2965 Woodside Road, Woods                        | ide, CA 94062                                |             |  |         |                        |        | D)                |             | C1 1/                     |
| Security Pacific Finance LTD   | Check Box(es) that Apply:                        | Promoter                                     | $\boxtimes$ | Beneficial Owner                             | Ц       | Executive Officer      | Ц      | Director          |             |                           |
| Susiness or Residence Address   (Number and Street, City, State, Zip Code)   | Full Name (Last name first, if i                 | individual)                                  |             |  | ,       |                        | •      | <del></del> -     | _           |                           |
| Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   | Security Pacific Finance LTI                     | )  |             | · <del></del>                                |         |                        |        |                   |             | ·                         |
| Check Box(es) that Apply:  | <del>-</del>                                     | •  |             |  |         |                        |        |                   |             |                           |
| Managing Partner    Full Name (Last name first, if individual)   | P.O. Box 119, Martello Cour                      | t, Admiral Park, S                           | St. Pete    | er Port, Guernsey G                          | YI 31   | мв                     |        |                   |             |                           |
| Business or Residence Address (Number and Street, City, State, Zip Code)  The Adelphi Building, 1-11 John Adam Street, London, United Kingdom, WC2N 6AG  Check Box(es) that Apply:   | Check Box(es) that Apply:                        | Promoter                                     | ×           | Beneficial Owner                             |         | Executive Officer      |        | Director          |             |                           |
| Business or Residence Address (Number and Street, City, State, Zip Code)  The Adelphi Building, 1-11 John Adam Street, London, United Kingdom, WC2N 6AG  Check Box(es) that Apply:   | Full Name (Last name first, if                   | individual)                                  |             |  |         |                        |        |                   |             |                           |
| The Adelphi Building, I-11 John Adam Street, London, United Kingdom, WC2N 6AG  Check Box(es) that Apply:   | Hess Limited Pension Plan                        |  |             | <u>.                                    </u> |         |                        |        |                   |             |                           |
| Check Box(es) that Apply:  | <b>D</b> (10111-1111-1111-1111-1111-1111-1111-11 | •  |             | •  |         |                        |        |                   |             |                           |
| Managing Partner  Full Name (Last name first, if individual)  R & A Trust Company (No.1) Limited  Business or Residence Address (Number and Street, City, State, Zip Code)  Beach House, Golf Place, St. Andrews, Fife, Scotland KY169JA  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  | The Adelphi Building, 1-11 J                     | ohn Adam Street                              | , Lond      | on, United Kingdon                           | ı, WC   | C2N 6AG                |        | -                 |             | <u> </u>                  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Beach House, Golf Place, St. Andrews, Fife, Scotland KY169JA  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  | Check Box(es) that Apply:                        | Promoter                                     | ×           | Beneficial Owner                             |         | Executive Officer      |        | Director          |             |                           |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Beach House, Golf Place, St. Andrews, Fife, Scotland KY169JA  Check Box(es) that Apply:  | Full Name (Last name first, if                   | individual)                                  |             |  |         |                        |        |                   |             |                           |
| Beach House, Golf Place, St. Andrews, Fife, Scotland KY169JA  Check Box(es) that Apply:  | R & A Trust Company (No.1                        | l) Limited                                   |             |  |         |                        |        |                   |             |                           |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |  |  |             | =  | ode)    |                        |        |                   |             |                           |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  | Beach House, Golf Place, St.                     | Andrews, Fife, Se                            | cotland     | KY169JA                                      |         |                        |        |                   |             |                           |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   | Check Box(es) that Apply:                        | Promoter                                     |             | Beneficial Owner                             |         | Executive Officer      |        | Director          |             |                           |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   | Full Name (Last name first, if                   | individual)                                  |             |  |         |                        |        |                   |             |                           |
| Check Box(es) that Apply.   Profileter   Beneficial Owner   Exceeding Officer   Managing Partner   | Business or Residence Addres                     | is (Number                                   | and Str     | eet, City, State, Zip C                      | ode)    |                        |        |                   |             |                           |
|  | Check Box(es) that Apply:                        | Promoter                                     |             | Beneficial Owner                             |         | Executive Officer      |        | Director          |             |                           |
|  | Full Name (Last name first, if                   | individual)                                  |             |  |         |                        |        |                   | •           |                           |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |  | <u>.                                    </u> |             |  |         |                        |        |                   |             | <del></del> .             |

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|                         |  |   |  | B.   | INFORMA                                    | TION ABO  | OUT OFFE                      | RING                        |                              |                        |          |             |
|-------------------------|--|---|--|--|--|---|-------------------------------|-----------------------------|------------------------------|------------------------|----------|-------------|
|                         |  |   |  |  |  |   |                               |                             |                              |                        | Yes      | No          |
| 1. Has t                | he issuer sold   | l, or does the                                | e issuer inter                                 |  |  |   |                               |                             |                              |                        |          | $\boxtimes$ |
| 3 110                   | Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?  |   |  |  |  |   |                               |                             | \$                           | n/a                    |          |             |
| 2. What                 | what is the minimum investment that will be accepted from any individual?  |   |  |  |  |   |                               | Yes                         | No                           |                        |          |             |
|                         | Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any |   |  |  |  |   |                               |                             |                              |                        |          |             |
| comn<br>perso<br>states | the informanission or sime<br>to be listed<br>i, list the name<br>aler, you may  | nilar remune<br>I is an asso<br>e of the brok | ration for so<br>ciated perso<br>cer or dealer | dicitation of<br>n or agent of<br>. If more th | purchasers<br>of a broker<br>an five (5) p | in connection<br>or dealer researchers<br>persons to be | on with sale:<br>gistered wit | s of securiti<br>th the SEC | es in the off<br>and/or with | ering. If a a state or |          |             |
| Full Name               | (Last name f   | ĭrst, if indiv                                | idual)   |  |  |   |                               |                             | <u> </u>                     |                        |          |             |
| Winters, J              |  |   |  |  |  |   |                               |                             |                              |                        |          |             |
|                         | r Residence A  | -   |  | -  | -  | de)   |                               |                             |                              |                        |          |             |
|                         | ie Boulevard   |   |  | k, IL 6006                                     | 2  |   |                               |                             |                              |                        |          |             |
|                         | ssociated Bro  |   | er   |  |  |   |                               |                             |                              |                        |          |             |
|                         | pital Advisor Which Person   |   | Solicited or                                   | Intends to S                                   | olicit Purcha                              | isers   |                               |                             |                              |                        |          |             |
|                         | "All States" o   |   |  |  |  |   |                               |                             |                              | ••••••                 | □ A!     | 1 States    |
| [AL]                    | [AK]   | [AZ]  | [AR]   | [CA]   | [CO]                                       | [CT]  | [DE]                          | [DC]                        | [FL]                         | [GA]                   | [HI]     | [ID]        |
|                         |  |   |  |  |  |   | •                             |                             | •                            |                        |          | , -         |
| (IL)X                   | [IN]   | [IA]  | [KS]   | (KY)   | [LA]                                       | (ME)  | [MD]                          | [MA]                        | [MI]                         | [MN]                   | [MS]     | [MO]        |
| [MT]                    | [NE]   | [NV]  | [NH]   | [NJ]   | [NM]                                       | [NY]  | [NC]                          | [ND]                        | [OH]                         | [OK]                   | [OR]     | [PA]        |
| [RI]                    | [SC]   | [SD]  | [TN]   | [TX]   | [TU]                                       | [VT]  | [VA]                          | [WA]                        | [WV]                         | [WI]                   | [WY]     | [PR]        |
| Full Name               | (Last name f   | irst, if indiv                                | idual)   |  | ··-  |   |                               |                             |                              |                        |          | -           |
| Business o              | or Residence A   | Address (Nu                                   | mber and St                                    | reet, City, S                                  | tate, Zip Co                               | de)   |                               |                             |                              |                        | <u>.</u> |             |
| Name of A               | Associated Bro   | oker or Deal                                  | er   |  |  |   |                               |                             |                              |                        |          | <u>.</u>    |
| States in V             | Vhich Person   | Listed Has S                                  | Solicited or                                   | Intends to S                                   | olicit Purcha                              | asers   |                               |                             |                              |                        |          |             |
| (Check                  | "All States" o   | or check ind                                  | ividuals Stat                                  | es)  |  |   | ••••                          |                             | ••••                         |                        | □ A      | ll States   |
| [AL]                    | [AK]   | [AZ]  | [AR]   | [CA]   | [CO]                                       | [CT]  | [DE]                          | [DC]                        | [FL]                         | [GA]                   | [HI]     | [ID]        |
| (IL)                    | [IN]   | [IA]  | [KS]   | [KY]   | [LA]                                       | [ME]  | [MD]                          | [MA]                        | [MI]                         | [MN]                   | [MS]     | [MO]        |
| [MT]                    | (NE)   | [NV]  | [NH]   | [נאן   | [NM]                                       | ( )<br>[NY]   | (NC)                          | [ND]                        | [НО]                         | [OK]                   | [OR]     | [PA]        |
| [RI]                    | [SC]   | [SD]  | [TN]   | [TX]   | [UT]                                       | [VT]  | [VA]                          | [WA]                        | [WV]                         | [wij                   | [WY]     | [PR]        |
| Full Name               | (Last name f   | first if indiv                                | idual)   |  |  |   |                               |                             |                              |                        |          |             |
| i un traille            | (Past Hame I   | mot, ii malv                                  | .uui)  |  |  |   |                               |                             |                              |                        |          |             |
| Business o              | or Residence A   | Address (Nu                                   | imber and S                                    | treet, City, S                                 | State, Zip Co                              | ode)  | -                             |                             |                              |                        |          |             |
| Name of A               | Associated Bro   | oker or Deal                                  | ler  |  |  |   |                               |                             |                              |                        |          |             |
| States in V             | Vhich Person   | Listed Has                                    | Solicited or                                   | Intends to S                                   | olicit Purch                               | asers   |                               |                             |                              |                        |          |             |
| (Check                  | "All States" o   | or check ind                                  | ividuals Sta                                   | ies)   |  |   |                               |                             |                              |                        | □ A      | li States   |
| [AL]                    | [AK]   | [AZ]  | [AR]   | [CA]   | [CO]                                       | [CT]  | [DE]                          | [DC]                        | [FL]                         | [GA]                   | (HI)     | [ID]        |
| [[L]                    | [IN]   | [IA]  | [KS]   | [KY]   | [LA]                                       | [ME]  | [MD]                          | [MA]                        | (MI)                         | [MN]                   | [MS]     | [MO]        |
| [MT]                    | [NE]   | [NV]  | [NH]   | [//]   | [NM]                                       | [NY]  | [NC]                          | [ND]                        | (OH)                         | [OK]                   | [OR]     | [PA]        |
|                         |  |   |  |  |  |   |                               | • -                         | [WV]                         | [WI]                   | [WY]     | [PR]        |
| [RI]                    | [SC]   | [SD]  | {TN}   | [TX]   | (UT)                                       | [VT]  | [VA]                          | [WA]                        | 1 44. 4.1                    | [ ** ']                | ["1]     | ני יין      |

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|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS            |                                      |
|----|---|---------------------|--------------------------------------|
|    | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  | Aggregate           | Amount Already                       |
|    | Type of Security  | Offering Price      | Sold                                 |
|    | Debt  | <b>S</b>            | \$                                   |
|    | Equity  | \$                  | \$                                   |
|    | ☐ Common ☐ Preferred  |                     |                                      |
|    | Convertible Securities (including warrants)   | <b>\$</b>           | \$                                   |
|    | Partnership Interests   | \$5,760,000.00      | \$_5,760,000.00                      |
|    | Other (Specify)   | <b>s</b>            | \$                                   |
|    | Total   | \$ 5,760,000.00     | \$ 5,760,000.00                      |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                     |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                     |                                      |
|    |   | Number<br>Investors | Aggregate Dollar Amount of Purchases |
|    | Accredited investors  | 6,                  | \$ 5,760,000.00                      |
|    | Non-accredited Investors  |                     | \$                                   |
|    | Total (for filings under Rule 504 only)   |                     | s                                    |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                     |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  |                     |                                      |
|    | Type of Offering  | Type of Security    | Dollar Amount<br>Sold                |
|    | Rule 505  | *                   | \$                                   |
|    | Regulation A  |                     | \$                                   |
|    | Rule 504  |                     | •                                    |
|    | Total   |                     | \$                                   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     | <u> </u>                             |
|    | Transfer Agent's Fees   |                     | \$                                   |
|    | Printing and Engraving Costs  |                     | \$                                   |
|    | Legal Fees  | ⊠                   | \$25,000.00                          |
|    | Accounting Fees   |                     | \$                                   |
|    | Engineering Fees  |                     | \$                                   |
|    | Sales Commissions (specify finders' fees separately)  |                     | \$                                   |
|    | Other Expenses (identify)   |                     | \$                                   |
|    | Total   |                     | \$                                   |
|    |   | _                   |                                      |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US  | E OF PROCEEDS                                      |                       |
|--|--|-----------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |  | \$ 5,735,000.00       |
| Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and che the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceed to the issuer set forth in response to Part C — Question 4.b above. | eck  |                       |
|  | Payments to<br>Officers, Directors &<br>Affiliates | Payments To<br>Others |
| Salaries and fees  | □ \$   | □ \$                  |
| Purchase of real estate  | □ s  | □ s                   |
| Purchase, rental or leasing and installation of machinery and equipment  | □ s  | □ s                   |
| Construction or leasing of plant buildings and facilities  | □ s  | □ \$                  |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | □ s  | □ s                   |
| Repayment of indebtedness  | □ s  | <b>S</b>              |
| Working capital  | □ s  | <b>\$5,735,000.00</b> |
| Other (specify):   | □ s  | □ \$                  |
| Column Totals  |  |                       |
| Total Payments Listed (column totals added)  | □ \$5.735.0  | 00.00                 |

[FEDERAL SIGNATURE PAGE FOLLOWS]

5.

| D) | FEDER | <u>۸</u> ۱ | SIGN | ATURF |
|----|-------|------------|------|-------|

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)                       | Signature ( ) ( )                                       | Date                                   |
|--|---|--|
| HRJ Global Buy-Out III Cayman (Europe), L.P. | Juny ml   | 12/19/07                               |
| Name of Signer (Print or Type)               | Title of Signer (Print or Type)                         |  |
| Cory Pavlik                                  | Chief Financial Officer, HRJ GBO III Managem-<br>Issuer | ent GP, L.L.C., General Partner of the |

| A | T | $\Gamma \Gamma$ | NT | $\Gamma T_i$ | $oldsymbol{\cap}$ | V |
|---|---|-----------------|----|--------------|-------------------|---|
| - |   | ٠,              |    |              |                   | • |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

**END**